## **REFUGIO COUNTY TIME SHEET**

09/13/25: Payroll Beginning Date

EMPLOYEE NAME: \_\_\_\_\_

DAY	DEPARTI	MENT:				09/26/25	i : Payroll E	inding Da	te			*Use Blue	e Ink
SUN 09/14/25	DAY	Date						HOL	VAC	SICK		ľ	TOTAL
SUN 09/14/25	SAT	09/13/25											
TUES 09/16/25 WED 09/17/25 THURS 09/18/25 FRI 09/19/25 SAT 09/20/25 SUN 09/21/25 WED 09/21/25 THURS 09/23/25 THURS 09/23/25 THURS 09/23/25 THURS 09/23/25 THURS 09/23/25 THURS 09/23/25 FRI 09/26/25 THURS 09/25/25 FRI 09/26/25 F	SUN												
THURS 09/18/25 FRI 09/19/25 SAT 09/20/25 SUN 09/21/25 SUN 09/21/25 THURS 09/23/25 TUES 09/23/25 THURS 09/23/25 THURS 09/23/25 FRI 09/26/25 FRI 09/26/25  Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK HOUDAY HRS USED VACATION SICK LEAVE COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS   EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	MON	09/15/25											
THURS 09/18/25  FRI 09/19/25  SAT 09/20/25  SUN 06/21/25  MON 06/22/25  TUES 09/23/25  WED 09/24/25  THURS 09/23/25  FRI 09/26/25  FRI 09/26/25  Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK  HOLIDAY HRS USED  VACATION  SICK LEAVE  OTHER HOURS  TOTAL PAY PERIOD HRS   EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  AUTHORIZING SIGNATURE:  ———————————————————————————————————	TUES	09/16/25											
SAT 09/20/25 SUN 09/21/25 SUN 09/21/25 MON 09/22/25 WED 09/24/25 THURS 09/25/25 FRI 09/26/25 Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025. OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK HOLIDAY HRS USED VACATION SICK LEAVE COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  "USEN 09/26/25  REASON FOR OVERTIME:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	WED	09/17/25											
SAT 09/20/25 SUN 09/21/25 MON 09/22/25 TUES 09/23/25 TUES 09/23/25 WED 09/24/25 THURS 09/25/25 FRI 09/26/25  Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025. OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK HOLIDAY HRS USED WACACTION SICK LEAVE COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  "USEN 09/26/25  REASON FOR OVERTIME:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	THURS	09/18/25											
SUN 09/21/25  MON 09/22/25  TUES 09/23/25  WED 09/24/25  THURS 09/25/25  FRI 09/26/25  Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK HOLIDAY HRS USED WACATION SICK LEAVE COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  ———————————————————————————————————	FRI	09/19/25											
MON 09/22/25 TUES 09/23/25 WED 09/24/25 THURS 09/25/25 FRI 09/26/25  Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J-JURY W-WORKER'S COMPENSATION A-DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK HOULDAY HRS USED VACATION SICK LEAVE COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE: "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  AUTHORIZING SIGNATURE:	SAT	09/20/25											
TUES 09/23/25	SUN	09/21/25											
WED 09/24/25 THURS 09/25/25 FRI 09/26/25  Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J - JURY W - WORKER'S COMPENSATION A - DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK	MON	09/22/25											
Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J-JURY W-WORKER'S COMPENSATION A-DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK HOLIDAY HRS USED COMPENSATION SICK LEAVE COMP TIME COTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	TUES	09/23/25											
Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J-JURY W-WORKER'S COMPENSATION A-DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK	WED	09/24/25											
Signed Time Sheet due by 2:00 pm, Friday, September 26, 2025.  OTHER CODES: J-JURY W-WORKER'S COMPENSATION A-DEPARTMENT SUPERVISOR APPROVAL  ACTUAL HRS WORK	THURS	09/25/25											
ACTUAL HRS WORK HOLIDAY HRS USED VACATION SICK LEAVE COMP TIME OTHER HOURS TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE: "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:  AUTHORIZING SIGNATURE:	FRI	09/26/25											
REASON FOR OVERTIME:  SICK LEAVE  COMP TIME  OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:													
REASON FOR OVERTIME:  SICK LEAVE COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	ACTUAL H	IRS WORK											
SICK LEAVE  COMP TIME  OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	HOLIDAY	HRS USED			ı								
COMP TIME OTHER HOURS  TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	VACATIO	N			*	REASON	N FOR O	VERTI	ME:				
TOTAL PAY PERIOD HRS  EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	SICK LEAV	/E											
EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	COMP TIN	ΛE											
EMPLOYEE SIGNATURE:  "I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	OTHER HO	OURS											
"I certify that the hours recorded are an accurate record of hours worked."  AUTHORIZING SIGNATURE:	TOTAL PA	Y PERIOD HI	RS										
AUTHORIZING SIGNATURE:			EMPL	OYEE S	IGNATU	JRE:							
			"I certify	that the	hours re	corded are	an accur	ate reco	rd of hou	rs worke	d."		
"I certify that this time report is an accurate statement of hours."													